

STATE OF NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

Cory Fong, Commissioner

Request for Renaissance Zone Certificate of Good Standing— State Taxes Only

To obtain a Renaissance Zone Certificate of Good Standing for state tax purposes, please complete this form. Submit completed form to the Office of State Tax Commissioner—see bottom of page.

1.	Name of taxpayer applying for zone project							
2.	Applicant is a(n):							
3.	Taxpayer's mailing address							
4.	Taxpayer's social security number or federal employer identification number (FEIN) If a sole proprietorship, provid e social security number of owner and, if applicable, FEIN of the business. If a new business and an FEIN is pending from the Internal Revenue Service, write "Pending from IRS."							
5.	Is taxpayer a newly created business this year? If yes, skip question 6.	Yes	□No					
6.	Did taxpayer file a North Dakota income tax return for last year? If no, please explain:	Yes	□No					
7.	If taxpayer is a business, what is the principal business activity?							
8.	If taxpayer is a partnership, subchapter S corporation, or a limited liability company treated like a partnership, complete page 2 of this form.							
9.	a. Does (or will) taxpayer sell tangible personal property or services for which North Dakota sales tax must be collected from the customer?	Yes	□No					
	b. If yes, has taxpayer applied for or obtained a North Dakota sales tax permit? Yes If not, please explain:							
10.	a. Does (or will) taxpayer have employees from whom North Dakota income tax must be withheld?	Yes	□No					
	b. If yes, has taxpayer registered for North Dakota income tax withholding? If not, please explain:	Yes	□No					
11.	Taxpayer's signature							
	Signature Printed name		-					
12.	Mail request to: Individual Income Tax Section Office of State Tax Commissioner 600 East Boulevard Avenue, Dept. 127 Bismarck ND 58505-0599	'01.328.19	42					

Important: The certificate of good standing will be sent only to the taxpayer or to the taxpayer's representative designated by the taxpayer on a properly completed North Dakota Form 500.

If the taxpayer is a partnership, subchapter S corporation, or limited liability company treated like a partnership, provide the name and social security number (SSN) or federal employer identification number (FEIN) for each of the entity's owners.

Name of owner			
SSN or FEIN			
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